

## General

### Title

Weight assessment for children/adolescents: percentage of patients 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients 3 to 17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of body mass index (BMI) percentile documentation\* during the measurement year.

\*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Electronic and Hybrid Specifications. This NQMC measure summary is based on the Electronic specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

### Rationale

One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity in childhood and adolescence. The rapidly increasing prevalence of

obesity among children is one of the most challenging dilemmas currently facing pediatricians. In addition to the growing prevalence of obesity in children and adolescents, overweight children at risk of becoming obese are also of great concern. The Centers for Disease Control and Prevention (CDC) states that overweight children and adolescents are more likely to become obese as adults. For example, one study found that approximately 80 percent of children who were overweight at 10 to 15 years of age were obese adults at age 25 (Whitaker et al., 1997). Another study found that 25 percent of obese adults were overweight as children; it also found that if overweight begins before 8 years of age, obesity in adulthood is likely to be more severe (Freedman et al., 2001).

Body mass index (BMI) is a useful screening tool for assessing and tracking the degree of obesity among adolescents. Screening for overweight or obesity begins in the provider's office with the calculation of BMI. Providers can estimate a child's BMI percentile for age and gender by plotting the calculated value of BMI with growth curves published and distributed by the CDC (Dorsey et al., 2005). Medical evaluations should include investigation into possible endogenous causes of obesity that may be amenable to treatment, and identification of any obesity-related health complications (Inge et al., 2004).

Because BMI norms for youth vary with age and gender, BMI percentiles rather than absolute BMI must be determined. The cut-off values to define the heaviest children are the 85th and 95th percentiles. In adolescence, as maturity is approached, the 85th percentile roughly approximates a BMI of 25, which is the cut-off for overweight in adults. The 95th percentile roughly approximates a BMI of 30 in the adolescent near maturity, which is the cut-off for obesity in adults. The cut-off recommended by an expert committee to define overweight (BMI greater than or equal to 95th percentile) is a conservative choice designed to minimize the risk of misclassifying non-obese children (Baker et al., 2005).

About two-thirds of young people in grades 9 to 12 do not engage in recommended levels of physical activity. Daily participation in high school physical education classes dropped from 42 percent in 1991 to 33 percent in 2005 (CDC, 2007). In the past 30 years, the prevalence of overweight and obesity has increased sharply for children. Among young people, the prevalence of overweight increased from 5.0 percent to 13.9 percent for those aged 2 to 5 years; from 6.5 percent to 18.8 percent for those aged 6 to 11 years; and from 5.0 percent to 17.4 percent for those aged 12 to 19 years. In 2000, the estimated total cost of obesity in the United States (U.S.) was about \$117 billion. Promoting regular physical activity and healthy eating, as well as creating an environment that supports these behaviors, is essential to addressing the problem.

## Evidence for Rationale

Baker S, Barlow S, Cochran W, Fuchs G, Klish W, Krebs N, Strauss R, Tershakovec A, Udall J. Overweight children and adolescents: a clinical report of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. *J Pediatr Gastroenterol Nutr.* 2005 May;40(5):533-43. [107 references] [PubMed](#)

Centers for Disease Control and Prevention (CDC). Physical activity and good nutrition: essential elements to prevent chronic diseases and obesity. Atlanta (GA): National Center for Chronic Disease Prevention and Health Promotion; 2007 Apr.

Dorsey KB, Wells C, Krumholz HM, Concato J. Diagnosis, evaluation, and treatment of childhood obesity in pediatric practice. *Arch Pediatr Adolesc Med.* 2005 Jul;159(7):632-8. [PubMed](#)

Freedman DS, Khan LK, Dietz WH, Srinivasan SR, Berenson GS. Relationship of childhood obesity to coronary heart disease risk factors in adulthood: the Bogalusa Heart Study. *Pediatrics.* 2001 Sep;108(3):712-8. [PubMed](#)

Inge TH, Krebs NF, Garcia VF, Skelton JA, Guice KS, Strauss RS, Albanese CT, Brandt ML, Hammer LD, Harmon CM, Kane TD, Klish WJ, Oldham KT, Rudolph CD, Helmrath MA, Donovan E, Daniels SR. Bariatric surgery for severely overweight adolescents: concerns and recommendations. *Pediatrics.* 2004

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH. Predicting obesity in young adulthood from childhood and parental obesity. *N Engl J Med*. 1997 Sep 25;337(13):869-73. [PubMed](#)

## Primary Health Components

Body mass index (BMI) percentile; children; adolescents

## Denominator Description

Patients 3 to 17 years of age as of December 31 of the measurement year who had an outpatient visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) practitioner during the measurement year (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Body mass index (BMI) percentile during the measurement year (See the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

## Evidence for Extent of Measure Testing

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Accountable Care Organizations

Ambulatory/Office-based Care

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Specified

### Target Population Age

Age 3 to 17 years

### Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

## National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Staying Healthy

## IOM Domain

Effectiveness

## Data Collection for the Measure

### Case Finding Period

The measurement year

### Denominator Sampling Frame

Patients associated with provider

### Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

### Denominator Time Window

not defined yet

### Denominator Inclusions/Exclusions

Inclusions

Patients 3 to 17 years of age as of December 31 of the measurement year who had an outpatient visit (Outpatient Value Set) with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) practitioner during the measurement year

Exclusions

A diagnosis of pregnancy (Pregnancy Value Set) during the measurement year

#### Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

#### Inclusions

Body mass index (BMI) percentile (BMI Percentile Value Set) during the measurement year

For adolescents 16 to 17 years of age on the date of service, a BMI value (BMI Value Set) also meets criteria.

#### Exclusions

Unspecified

#### Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#)  to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

The Accountable Care Organization (ACO) aggregate population is reported as a whole, with an option to report Medicaid separately for measures for which HEDIS Health Plan Measurement offers Medicaid specifications.

This measure includes two age stratifications and a total for the indicator.

|                |
|----------------|
| 3 to 11 years  |
| 12 to 17 years |
| Total          |

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Weight assessment for children/adolescents (AWAC).

### Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

### Measure Set Name

Effectiveness of Care

### Measure Subset Name

Prevention and Screening

## Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Endorser

National Quality Forum - None

## NQF Number

not defined yet

## Date of Endorsement

2014 Dec 23

## Adaptation

This measure was adapted from the *HEDIS Technical Specifications for Health Plans* ("HEDIS Health Plan Measurement") and *HEDIS Physician Measurement*.

## Date of Most Current Version in NQMC

2014 Nov

## Measure Maintenance



## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in November 2015.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on May 1, 2014.

This NQMC summary was updated by ECRI Institute on February 10, 2015.

The information was reaffirmed by the measure developer on November 2, 2015.

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# Production

## Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Disclaimer

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